



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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**REPORT OF EXPENDITURES, CONTRIBUTIONS
AND SUBJECT AREAS**

(To be filed by organizations, employing organizations, others)

For lobbying reporting period:

☐ January 1 - last day of February

☒ March 1 - April 30

☐ May 1 - December 31

Name of contact person Stephenie Shah

Phone 916/487-6688

Name of organization Anheuser-Busch Companies, Inc.

Mailing address 4378 Auburn Blvd., Suite 200

Sacramento, CA 95841

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$2050.00

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	0	7. Entertainment	0
2. Media advertising	0	8. Food & beverages	420
3. Telegraph, telephone and other forms of telecommunication	0	9. Gifts	0
4. Postage	0	10. Loans	0
5. Compensation paid to lobbyists	\$2050.00	11. Other disbursements	0
6. Fees (other than to lobbyists)	0	TOTAL EXPENDITURES	\$2470.00

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Tim Lyons	The Legislative Center 820 Mililani Street, Suite 810 Honolulu, HI 96813	\$2050.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☐ This section is not applicable

☒ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value
Rep. Mike Magaoay, State Capitol, Honolulu HI	\$60.00
Rep. Clift Tsuji, State Capitol, Honolulu, HI	\$60.00
Rep. Glenn Wakai, State Capitol, Honolulu, HI	\$60.00
Rep. Ryan Yamane, State Capitol, Honolulu, HI	\$60.00
Sen. David Ige, State Capitol, Honolulu, HI	\$60.00
Sen. Ron Menor, State Capitol, Honolulu, HI	\$60.00
Rep Scott Nishimoto, State Capitol, Honolulu, HI	\$60.00

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

(Signature of authorized person)

(Date)

Name of authorized person (type or print)

Stephenie Shah

Title of authorized person

Region Director

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